



Appl. No. : 10/617,345
Applicant : Davis
Filed : 07/09/2003
Title : ELECTRONIC LOCKING SYSTEM
TC/A.U. : 3676
Examiner : Gall, Lloyd A.
Docket No. : TAL:0537.0120

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of March 10, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include an attached replacement sheet.

Remarks/Arguments begin on page 7 of this paper.

An **Appendix** including amended drawing figures is attached following page 9 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/617,345	
	Filing Date	07/09/2003	
	First Named Inventor	Davis	
	Group Art Unit	3676	
	Examiner Name	Gall, Lloyd A.	
Total Number of Pages in this Submission	11	Attorney Docket Number	TAL:0537.0120

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below)
Remarks: Other enclosures: 1. Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	
Date	April 12, 2004

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :

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Type or print name	Timothy A. Long		
Signature		Date	April 12, 2004